

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

77 (77)										
Establishment Name Onion Pesseurent + Tea House Establishment Address (number and street, city, state, zip code)						Telephone Number			ID#	
Establishment Address (number and street, city, state, zip code)						\dashv				
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Owner	UNNIES	tens Nc	N-W /H	iony, IN	47150	<u> </u>	<u> </u>		<u> </u>	
Owner	ch.					Purpose:	Follow-up	Relea	se Date	
Owner Wes Chyran Wes						1. Routine	No 10 days			
Owner's Address						6. Follow-up	Summary of Violations:			
Person in C	Charge			3. Complaint 4. Pre-Operational C_NC NC R		$\alpha \sim \rho$				
	. –			4. Pre-Operational	4. Pre-Operational C_NC_NC_NC_R_		<u>入</u> R()			
Responsible Person's E-mail						5. Temporary				
Responsible Person's E-mail						Menu Type (See back of page) 6. HACCP			t of page)	
Certified F	ood Handl	er	_	7. Other (list)	$1 2 3 \times 4 5$					
Wil Chym wer Ce/11/21							~ - -	<u>-</u> _	<u> </u>	
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"										
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"										
Section#	C/NC	R								
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Received by (name and title printed):						Inspected by (name and title printed): A. J. Ingram (EHS)				
Received by	(signature)	:	/)			Inspected by (signature):				
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